

The Hampden Hippocrat

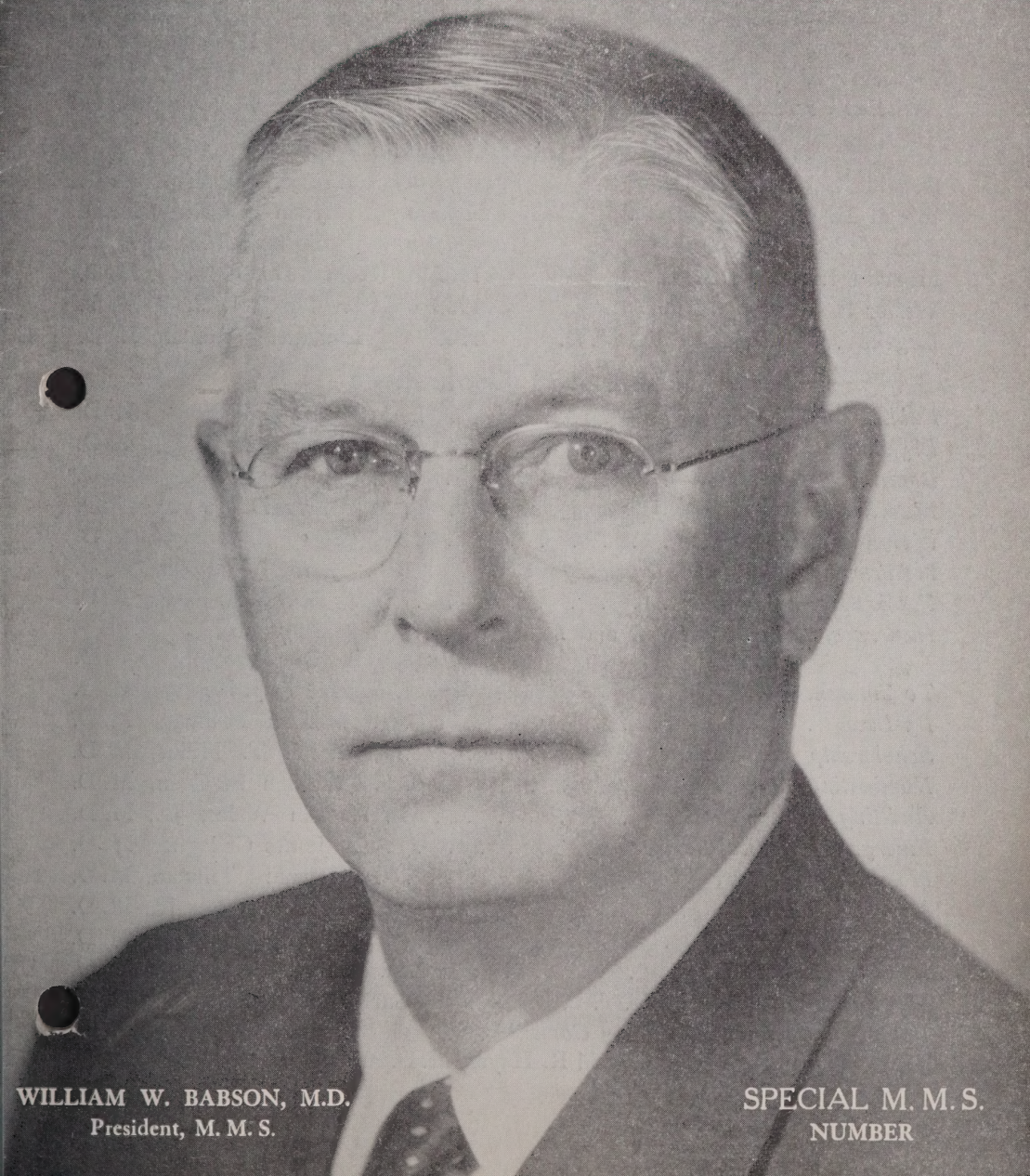


A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXII

JUNE, 1966

NO. 6



WILLIAM W. BABSON, M.D.
President, M. M. S.

SPECIAL M. M. S.
NUMBER

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS. 01109

Telephone: 736-0661

Vivian M. Purdy, *Executive Secretary*

OFFICERS

<i>President</i>	Donald R. Hayes, M.D.
<i>Vice President and President-Elect</i>	Joseph M. Baker, M.D.
<i>Secretary</i>	John F. Griffin, M.D.
<i>Treasurer</i>	Paul T. Moore, M.D.
<i>Assistant Secretary</i>	Bruce B. Stoler, M.D.

Executive and Grievance Committees

Donald R. Hayes, M.D.	<i>ex-officio</i>	Henry Burkhardt, M.D.
Joseph M. Baker, M.D.	<i>ex-officio</i>	John F. Griffin, M.D.
Paul T. Moore, M.D.	<i>ex-officio</i>	Bernard Bloom, M.D.
Mustafa I. Adham, M.D.	1967	Robert D. O'Malley, M.D.
Walter S. Mozden, M.D.	1968	Walter J. J. Nero, M.D.
Eugene W. Beauchamp, Jr., M.D.	1969	Emanuel Wiedman, M.D.

Chairmen of Committees

<i>Public Relations</i>	Bernard Bloom, M.D.
<i>Legislative</i>	Karel J. Susat, M.D.
<i>Board of Membership</i>	Samuel B. Potsubay, M.D.
<i>Blue Shield District Professional Service</i>	Walter D. Carver, M.D.
<i>Woman's Auxiliary</i>	Walter S. Mozden, M.D.
<i>Malpractice and Medico-Legal Affairs</i>	John P. Sullivan, M.D.
<i>Public Health</i>	Robert A. Sears, M.D.
<i>Insurance, Labor Relations, and Industrial Accidents</i>	Eugene W. Beauchamp, Jr., M.D.
<i>To Committee on Tax-Supported Medical Care</i>	Harry J. Roberts, M.D.
<i>By-Laws</i>	Max Millman, M.D.
<i>Scholarship</i>	Ralph T. Miller, M.D.
<i>Nominating</i>	William B. Coen, M.D.
<i>Auditing</i>	B. Lincoln Wales, Jr., M.D.
<i>Emergency Medical Service</i>	James Gallagher, M.D.
<i>Members' Insurance Programs</i>	H. Bernard Tillman, M.D.
<i>Mental Health</i>	Eugene G. Boss, Jr., M.D.
<i>Utilization</i>	Allen S. Johnson, M.D.
<i>Disaster Medical Care</i>	Walter S. Mozden, M.D.
<i>Medico-Religious</i>	Garry DeN. Hough, III, M.D.
<i>Representatives to Community Council</i>	Donald R. Hayes, M.D. and Joseph M. Baker, M.D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."

Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

BOARD OF EDITORS

Edward P. Bagg, M.D.

Editor-Emeritus

Max Millman, M.D.

Editor-Emeritus

John C. Ayres, M.D.

Editor-in-Chief

(1414 State Street, Springfield, Mass. 01109)

H. Bernard Tillman, M.D.

Assistant Editor

Associate Editors

Olive A. Cooper, M.D.

Richard J. Maher, M.D.

Donald R. Hayes, M.D.

Ralph T. Miller, M.D.

Frank F. Hurley, M.D.

Frank G. Mills, M.D.

Setrag A. Zacarian, M.D.

Joseph B. Greenspan, M.D.

Secretary and Business Manager

(91 School Street, Springfield, Mass., 01105)

Mrs. Arthur Willard

Advertising Director

(62 Irvington Street, Springfield, Mass., 01108, Tel. 733-5336)

A MESSAGE TO HAMPDEN

from

WILLIAM W. BABSON, M.D., PRESIDENT
MASS. MEDICAL SOCIETY

Whether we like it or not, it must be conceded that the days we are now journeying through and hopefully enjoying represent one of the peaks among the exciting eras. There are, in the profession, practitioners of medicine, who have discussed among themselves before their firesides over the years, problems of medical care, preparation for medical career, improvement in medical care in the community, and other related topics. These men have not been satisfied with the status quo, excellent as many aspects of it may be. So, it is not strange that these individuals believe there just might be an opportunity, now that the Medicare fire is burning and the yeast is in the dough, to use this impetus, this yeast, as a force to make some significant gains and true improvements without losing control of the voluntary practice of medicine. Among these areas where improvement might be looked for are better medical care through increased self discipline of and by the profession and of and by the medical staffs of hospitals.

Along with the groups of community physicians mentioned above, there have also been individuals among the faculties of the medical schools and the staffs of the university hospitals who, over the years, have questioned the present status of medical education and post graduate training. The length, type, and composition of medical education have been the subject of a number of thoughtful papers

by distinguished people for many years. Some of these individuals have been "before their time" and have endured the usual reaction to such advanced thinking. Now, however, the impetus of the new Social Security Amendment bids fair to push all of these areas forward in terms of possible improvements and changes that may be invigorating and may meet more equitably and functionally tomorrow's needs.

As the members of the profession look at this challenge, they must bear in mind certain responsibilities. If the members of the medical profession in the communities and in the universities are to accomplish what they really wish to accomplish, they must work together. There never before has been a greater need for "togetherness", for communication, and for altruism. The spoke from the hub of the wheel to the rim must not be a one-way street.

There must be cooperation, discussion, and interchange of ideas moving in both directions along the spoke. Such team work and understanding will contribute greatly toward better medical care for everyone. The community physician needs to accept the necessity for continuing education and should perform the same basic studies of his patient including good histories and careful complete physical examinations as given patients in the university hospitals. The community hospital staff must accept the responsibility of self discipline as well as the study and reporting of their major professional activities with follow-up studies in various disease categories, including cancer, being of great significance. Their colleagues and peers in the university centers deserve to be given and can benefit from information obtained from such studies. Such reporting will go far towards expelling a long-standing characterization which may be myth or fact, namely, "double standards." More commonly considered a fact than it should be, the term, "double standard" here indicates the belief that the quality of medical care in the center and in the community must be judged by different standards. This is not the time nor the place to debate this, but suffice it to say, there is and has been ample evidence to indicate there need not be and frequently is not such difference in care.

The obligations of the medical school with its circle of teaching hospitals would seem to include, in addition to the encouragement of programs embracing



Call
734-8251
A CALL WILL SHOW YOU
WHY IT PAYS TO RENT
OR LEASE FROM ...
**HAMPDEN
LEASING, INC.**
648 STATE STREET
SPRINGFIELD, MASS.

the community hospital (already well established in many areas), a full awareness of the need for and the current presence of professional strength in the outlying areas, the need for greater participation in the activities of the medical society, and the realization of how important it is for them to set an impeccable standard in medical ethics and professionalism for their students and the profession as a whole to follow. With the fantastic advances in medical science and the demand and the need for lay people to know about these discoveries, it is not difficult to move extra steps along the way toward personal and hospital publicity. No one doubts that motives of our great hospitals and their personnel are of the highest. We are indeed proud of our centers and sincerely believe they do not need such programs.

As we look into the future and ask ourselves what more should we do as physicians, it seems to me the answer might well be that along with all our other duties and responsibilities of which we are aware, it is now more important than ever that we participate in activities of the Medical Society, serve on committees, go to meetings, inform ourselves, and be heard. It is a rather unusual physician who is willing to stand up in meetings and who can contribute significantly. However, everyone of us can take part in the round table committee workshop discussions and help tremendously in bringing correct decisions and better understanding for the ultimate benefit of the patient.

OFFICERS OF THE MASS. MEDICAL SOCIETY (1966-67)

<i>President</i>	W. Warren Babson, <i>Essex South</i>
<i>President-Elect</i>	Donald A. Nickerson, <i>Middlesex East</i>
<i>Vice-President</i>	John W. Norcross, <i>Charles River</i>
<i>Secretary</i>	Robert W. Buck, <i>Charles River</i>
<i>Treasurer</i>	Eliot Hubbard, Jr., <i>Middlesex South</i>
<i>Assistant Treasurer</i>	Charles G. Shedd, <i>Suffolk</i>
<i>Orator</i>	John H. Talbott, Editor, <i>Journal of the American Medical Association</i> , Chicago

Delegates to the American Medical Association

January 1, 1967 through December 31, 1968

Frank D. Eddy, *Berkshire*
David W. Wallwork, *Essex North*
Claude E. Welch, *Middlesex South*

Alternate Delegates to the American Medical Association

January 1, 1967 through December 31, 1968

J. Robert Browning, *Plymouth*
Allen S. Johnson, *Hampden*
Lewis S. Pilcher, *Charles River*

MMS COUNCIL MEETING HIGHLIGHTS

The spring meeting of the Council of the MMS was held at the Statler Hilton Hotel, Boston, on May 16, 1966. The meeting was called to order at 10:00 a.m. by President Welch. The minutes of the last meeting, as published, were approved. New committee appointments were announced.

Mrs. Butts, President of the Woman's Auxiliary, was then introduced. She made a plea for more doctors' wives to join the Auxiliary.

The Executive Committee report was received as informational. Deprivation of memberships because of non-payment of dues was approved.

The Nominating Committee report was approved unanimously (See page 3).

The Committee on State Legislation announced passage of the so-called birth control law and also the rescinding of the "15 and 25 mile" rule. It also announced that the welfare boards would purchase Medicare for welfare recipients over 65 years of age.

The Chiropractic Bill is on the Governor's desk; letters and telegrams are being solicited to urge him to veto it.

The Committee on Tax-Supported Medical Care announced a proposed welfare fee schedule of \$5.00 for office calls, \$7.00 for house calls, and \$10.00 for night calls. Visits to nursing homes will be \$7.00 for the first pa-

tient seen and \$5.00 for all others seen at the same visit. It suggested that assignments be taken on all welfare cases covered by Medicare. It also announced an increase in the Relative Value Scale of the Veterans Administration starting after June 30, 1966.

The report on the Committee on Publications was accepted as informational. Arrangements to hold the 186th annual meeting at the Statler Hilton Hotel, Boston, on May 16-17-18th, 1967, was approved.

The Committee on Ethics and Discipline secured approval of a resolution to limit courtesy services to economic dependents of physicians rather than members of their families. It also pointed out that new rules would be needed to cover problems presented by press, radio, and television coverage and by some hospital and medical school procedures.

The 50 year members of the Society were then introduced and presented pins. It was pointed out that Dr. Chadwick received his 50 year pin 16 years ago and is now the oldest member of the MMS.

The By-laws Committee proposed a change to permit the censors to examine candidates at times other than the regular bi-annual sessions if necessitated by undue hardship such as membership in the armed services.



Dickinson-Streeter Co.
Springfield, Mass.

MEDICAL MANAGEMENT

99 Amostown Rd. West Springfield, Mass.

REpublic 6-2584

Modern Electronic Billing & Related
Business Services for Medical Men

A motion to rescind the action of the Council in October, 1965, which recommended "that the Council of the Massachusetts Medical Society oppose the delegation of the responsibility for surgical aftercare in those hospitals where the operating surgeon is in daily attendance, and furthermore, that the Council request the Board of Directors of Massachusetts Blue Shield that the practice of deducting from the surgical fee for surgical aftercare be discontinued in these circumstances", was defeated.

A joint resolution by the Committee of the American College of Surgeons and the A.A.G.P. which proposed specific fees for writing histories, doing physicals, assisting at operations, and consultations without deducting those fees from the surgeon's fee for aftercare was referred to committee.

A resolution by Dr. Pina that a committee be appointed to assist in the certification of laboratories under Medicare was declined as no such assistance had been requested by the Mass. Dept. of Public Health, which is in charge of such certification.

The report of the Members' Insurance Committee was informational but caused much discussion since it was rumored that present Blue Cross-Blue Shield policies would terminate at age 65. The Committee pointed out that coverage under Medicare plus Medex was not as good as present coverage.

Dr. Hayden replied that Blue Shield was not about to cancel any policy at 65 if the doctor wished it continued.

The Committee to recommend Directors of Blue Shield presented for approval the names of David F. Conners, Raymond F. Heislin, David Rose, M.D., and Robert B. Whitcomb for renomination; Dr. William J. Taggart, President-elect of the Academy of General Practice, to take the place of Dr. James Simmons, resigned; and Mr. James J. Healy, Professor of Industrial Relations at Harvard Business School, to take the place of Mr. Daniel J. Bagle. These names were approved.

A recommendation by the Mental Health Committee that mental retardation be included as an integral part of the community mental health centers of the State was approved. Two other resolves were not in order. A recommendation that the Mental Health Committee become a standing committee of the Society was amended to read Committee on Psychiatry and was referred to the Committee on Committees.

The Disaster Medical Care Committee presented 3 resolutions dealing with the succession of authority at both the State and District level in event of a disaster. These were adopted.

The Committee on Prevailing Fees presented a very extensive report on
(More on Page 6)

COMPLETE TRAVEL
ARRANGEMENTS BY
AIR, SEA AND LAND.



World-Wide
TRAVEL AGENCY

AMPLE FREE PARKING
EXPERT COUNSELING
FRIENDLY SERVICE

CONVENIENTLY LOCATED FOR ALL HAMPDEN COUNTY TRAVELERS
NEAREST TRAVEL AGENCY TO LONGMEADOW, EAST LONGMEADOW & FOREST PARK
AUTOMOBILE CLUB OF SPRINGFIELD - 110 FORT PLEASANT AVE. - PHONE 785-1381

material collected from Blue Shield, insurance company reports, and the survey of 1965. The Committee was authorized to release the results of this study to officers and appropriate committees of the MMS and to Mass. Medical Service. The Committee was also reappointed to continue work on this project.

It was announced at this point that the packaged Disaster Hospitals would be released for integration into existing hospital set-ups.

The Committee on Public Health presented resolutions calling for blood Hintons on all patients and that infected persons and their contacts always be reported. Chronic violators are to be reported to the Committee on Ethics and Discipline for action. This was passed after debate.

The reports of the Charitable and Educational Committee and Blue Shield Fee Committee were informational. The latter committee felt that a boost in Blue Shield fees was about due and might be implemented after January 1st, depending upon the impact of Medicare.

Dr. Shedd reported for the Committee on Payments under Medicare. After dealing with a statement on the uncertainties of deductibles, multiple billings and slowness of payment (estimated at 3 months), he proposed that the MMS set up an accounting service known as Mass. Medical Accounting Service to be affiliated with Blue Shield. This service would have computers and direct wire service to the Social Security headquarters in Baltimore, Md. Doctors could submit Medicare bills and get prompt payment minus deductibles for adminis-

tration and bad debts. This might also be enlarged to collect under Title 19 of the Medicare law. It has been held to be legal. The Council voted a loan of \$25,000, if needed, to set up this service.

Under new business, Middlesex East introduced a resolution to increase Blue Shield fees to coincide with the recent survey of prevailing fees.

Dr. Holland introduced a resolution that a study of need be done before AMA dues are advanced to \$70.00 per year.

Worcester District Society introduced a resolution to revoke Society membership to any District discriminating against members because of color, race, or creed.

A resolution was introduced by Dr. Hayes that officers of Specialty Sections be certified by their respective boards.

A resolution was introduced by Dr. Burden that a section on orthopedic surgery be created by the MMS.

Dr. Babson, the new president, was then introduced and he announced his committees for the coming year. (For Hampdenites appointed (see page 9).

The meeting was adjourned at 6:35 p.m.

Miller

Council Attendance

The following Hampden Councilors were in attendance at The M.M.S. Council meeting held in Boston on Monday, May 16, 1966: Drs. Arenstam, Baker, Bloom, Callan, Franseen, Hayes, Johnson, Kelly, LaMarche, Miller, Millman, Mills, Miner, Potsubay, Reilly, and Simpson.

"Good sense is a thing all need, few have, and none think they want."

—Ben Franklin

to stop

NAUSEA OR
VOMITING
... AND CALM
THE UPSET
PATIENT, TOO

YOU CAN COUNT ON **COMPAZINE**[®] brand of
PROCHLORPERAZINE

Contraindications: Comatose or greatly depressed states due to CNS depressants. *Principal precautions and side effects:* In usual dosage, side effects are infrequent, usually mild and transitory. There may be occasional drowsiness, dizziness, skin reactions and, rarely, hypotension. Neuromuscular reactions may be encountered infrequently, although these are most often seen in hospitalized mental patients maintained on high dosages. Therefore, use the lowest effective dosage since the possibility of such reactions increases as dosage is raised. There is little likelihood of encountering agranulocytosis or jaundice. The physician should be aware that they are possible, however, and patients should be kept under regular observation. Before prescribing, see SK&F product Prescribing Information.

SMITH KLINE & FRENCH LABORATORIES



MMS ANNUAL MEETING

The 185th annual meeting of the MMS was held at the Statler Hilton Hotel, Boston, on Tuesday, May 17, 1966. The general meeting was preceded by a presentation to the Society of a series of paintings representing the history of medicine by the Parke, Davis Company.

Dr. Welch then introduced delegates from other New England state medical societies and the Association of New England States Medical Society.

Awards were then presented to the outstanding student from each of the medical schools in the State: Ralph Mazerowicz from Boston University, Douglas Kosa from Tufts, and Gilbert Daniel from Harvard.

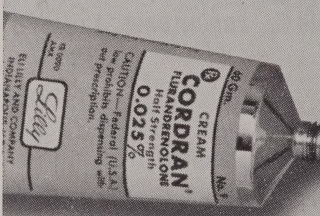
After approval of the minutes of the

last annual meeting, as published, the Secretary announced that the membership now stands at 8,505 and that there were 289 new members admitted during the past year.

Changes in the Bylaws voted by the Council were approved. Dr. Welch then spoke on the state of the Society. He noted that during the past year 14 pieces of legislation affecting medicine had been enacted and that the Society has many committees at work implementing these laws. He pointed out that, while much work has been done, it remains for his successor to bear the brunt of the great changes that must ensue.

After the meeting had been adjourned for lunch and reconvened, Dr.

Now available!



1
2

CORDRAN®
FLURANDRENOLONE
Half Strength

Lilly

600390

Daniel Boyd of the Lahey Clinic gave the Annual Discourse on the subject "Subphrenic Spaces and the Emperor's Robes." His theme was that, like the Emperor's robes in the story of Hans Christian Anderson, the subphrenic spaces were not as described by many authors. He suggested a new look at this section of the anatomy.

The Shattuck Lecture was given by Dr. Robert H. Ebert, Dean of the Harvard Medical School, on the subject of "The Government and the Private Sector." He pointed out the history of government involvement in the private sector starting with public health hospitals in 1784 and expanding to education, research, and health care for a very large portion of our population today. This has been in response to public demand and has followed a course of "first, subsidy, and then, control."

Lt. Governor Richardson was the speaker at the annual dinner on Wednesday and gave a very clear picture of the plans for Massachusetts' co-operation in Medicare and Title XIX. He also stressed that it was the medical profession which had opened the door to socialized medicine with its opposition to the King-Anderson bill, with its very limited provisions for hospital care on an insurance basis, and with its sponsorship of Titles XVIII and XIX, which call for the use of general tax revenues for medical care. He felt that, once the door was opened for the use of federal tax money for health care, it would admit true socialization of medicine.

Miller

HAMPDENITES APPOINTED

The following members of the H.D.M.S. were appointed to serve in 1966-67 on committees and boards of the M.M.S.

Dr. Malcolm S. Allan

Subcommittee on Perinatal Welfare

Dr. Allen S. Johnson

Committee on Ethics and Discipline

Committee on Bylaws and Council
Rules

Committee on Medical Charges Review
(Chairman)

Committee on Committees
Advisory Board Member

Dr. Ralph T. Miller

Charitable and Educational Fund Director

Dr. Alfonso A. Palermo

Committee on Benevolence

Committee on Members' Insurance Programs

Dr. Norman A. Pokorny

Committee on School Health

Dr. Thomas F. Reilly

Committee on Public Health & Problems Relating to Individual Diseases

Joint Conference Committee with the Pharmacists

Dr. Howard N. Simpson

Committee on Medical Charges Review
Boston Medical Library, Trustee of

Dr. Kenneth W. Sinish

Committee on Maternal Welfare

Dr. John P. Sullivan

Committee on Blood Banks

Dr. Jerome A. Whitney

Committee on Mental Health
(Chairman)



*Well, Doctor, it's sort of
a cross between a smoker's hack and a seal's bark.*

It's a wise mother who realizes there may be more to her child's cough than meets the ear—and brings the youngster to you promptly for diagnosis and treatment. If the cough is the useless, exhausting type that often accompanies respiratory infection or allergy, you can provide prompt relief with Novahistine DH. Its decongestant-antitussive action controls frequency and intensity of cough spasms without abolishing cough reflex. And the fresh, grape flavor of Novahistine DH appeals to children and adults alike.

When your diagnosis is bronchitis, complicated by thick tenacious exudates, Novahistine Expectorant is particularly useful. It not only provides decongestive action and controls the cough, but also encourages expectoration, thus easing bronchial constriction and obstruction.

Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Ambulatory patients should be advised that drowsiness may result. Continuous dosage over an extended period is contraindicated since codeine phosphate may cause addiction.

Each 5 ml. teaspoonful of Novahistine DH contains codeine phosphate, 10 mg. (Warning: may be habit forming); phenylephrine hydrochloride, 10 mg.; chlorpheniramine maleate, 2 mg.; chloroform (approx.), 13.5 mg.; l-menthol, 1 mg. (Alcohol 5%). Each 5 ml. of Novahistine Expectorant contains the above ingredients and, in addition, glyceryl guaiacolate, 100 mg.

NOVAHISTINE[®] DH NOVAHISTINE[®] EXPECTORANT

The Dow logo, consisting of the word "DOW" inside a diamond shape.**PITMAN-MOORE**

Division of The Dow Chemical Company, Indianapolis



EXECUTIVE COMMITTEE**(Highlights)**

The Executive Committee met on May 24, 1966, at the Society's meeting rooms. Dr. Hayes called the meeting to order at 8:05 P.M. Present were Drs. Hayes, Mozden, Burkhardt, O'Malley, Griffin, Moore, Nero, Baker, Stoler, Beauchamp, Jr., Adham and Mrs. Purdy.

Dr. Zacarian, chairman pro-tempore of the Members Insurance Committee, was present to discuss the present group insurance with the Executive Committee.

It was voted to dispense with the reading of the minutes of the April meeting.

A letter of appreciation from Dr. Davidson, recipient of a "golden certificate" at the Annual Meeting, was read.

Approval was given by the Committee to Dr. Roberts to purchase a plaque for the gross and low net winners of HDMS Golf Day to be displayed at the Society's offices.

As a follow up from last month on the complaint of the Hartford County Medical Association, the Committee voted to contact the physicians who hadn't answered the letter sent to them asking them to take their names out of the phone books in Connecticut.

Committee Reports

The Mental Health Committee made a suggestion that representatives from the districts be appointed on the Mental

Health Committee of the Massachusetts Medical Society. This was approved by the Executive Committee.

The Public Health Committee presented the following resolution: "The Public Health Committee of the HDMS has received and discussed the proposed case finding and follow up service proposed by the Springfield Department of Public Health and which is applicable to Springfield only. The Public Health Committee approves this proposed project for case findings and follow up service for the prevention of rheumatic heart disease."

A committee will be appointed by Dr. Hayes to act as a liaison between the HDMS and the implementation of the Community Health Study.

Dr. Fitz-Gibbon was appointed as Alternate to the PR Councilor.

Dr. Mozden was appointed as Alternate to the Legislative Councilor.

"The Hampden Hippocrat" Board was approved.

Dr. William Donoghue was appointed by Dr. Hayes to be advisor to the Hampden District Association of Medical Assistants.

Plans are being made for the four district meetings for next season.

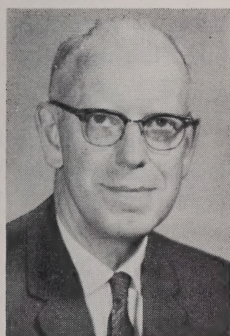
The committee adjourned at 10:05 P.M.

If it is newsworthy and medical, the Hippocrat would like to hear about it.

**HAFEY
FUNERAL SERVICE**

494 BELMONT AVENUE — SPRINGFIELD, MASS.

President's Page



TWO MATTERS OF IMPORT

There have been two recent developments in your Society about which I believe you should be informed. As you know Mr. Benjamin Jones has been made chairman of a committee to implement the recent Springfield Area Community Health Study. It is our confirmed belief that doctors should have a part in this implementation, and Mr. Jones agrees. Accordingly with the encouragement of the Executive Committee, I have appointed a special ad hoc committee to deal with this matter. There is already physician representation on the implementation committee, but with this ad hoc committee we will have direct contact and communication with developments at the Society level.

The second matter is not such a happy one and is briefly as follows. The insurance carrier for the H.D.M.S. has found it necessary to raise premiums 30 per cent on the basis of current unfavorable experience resulting from serious illnesses amongst our members. This announcement came suddenly and with a time limit for decision. Your insurance committee has had long and searching meetings, has sought professional advice, and has investigated other carriers. Its report was discussed at length by the Executive Committee, and it was felt that we must accept this increase, at least for the moment, until the membership has had an opportunity to review and digest some of the alternatives worked out by the Committee on Members' Insurance. These findings will be presented to the membership, and the insurance committee's report will be a part of the agenda at the September 27th meeting. Be sure to attend!

Donald R. Hayes, M.D.

HAMPDEN CAPSULES

RADIO WACE—Every Friday -
"FOR YOUR INFORMATION":
1 - 2 P.M. - On your AM DIAL at
730.

June 3 Dr. Philip Keitlen on Gynecology

June 10 Dr. Philip Keitlen on Sex Education

June 17 Dr. Peter Zarecki on Menopause

June 24 Dr. Lewis Whiting on Population Explosion

— —

In the "Journal of Cryobiology," Volume 2, No. 4 (Jan.-Feb.) issue, an article on "Cryotherapy of Cutaneous Malignancy" written by S. A. Zacarian, M.D. and Mustafa Adham, M.D. Read by Dr. Zacarian at the 2nd Annual Meeting of the Society of Cryobiology, August 3, 1965, in Madison, Wisconsin.

— —

Dr. Walton E. Stevens wrote an article for "GERIATRICS", October, 1965, "RADIATION THERAPY IN LUNG CANCER."

— —

Dr. John J. Flahive became a Fellow of the American College of Physicians during the College's meeting in New York City in April.

Dr. W. William Byrnes was an alternate delegate from Massachusetts to the three-day April meeting of the American Society of Internal Medicine in New York City. Six thousand internists attended the meeting.

— —

Serving as Chairman of Sections at the 185th Annual Meeting of the MMS were: Dr. Nelson Newmark, Chairman of Section of Pediatrics and Dr. Donald R. Hayes, Chairman of Section of Surgery.

— —

Your Executive Secretary has just completed five years with HDMS. Many thanks for the great cooperation from all the physicians in Hampden.

— —

Encourage your "Gal Friday" to join the Hampden District Association of Medical Assistants. Meetings held second Tuesday of each month at the HDMS offices except July and August. At the spring meeting in Boston (same time as Annual Meeting of MMS) there were more representatives from Hampden than any other district in Massachusetts. Call the HDMS for information.

— —

Twelve physicians were representing colleges at the inauguration of W. E. Locklin as the ninth President of Springfield College.

PERRENE'S UNIFORMS LTD.

924 MAIN ST., CORNER WILLIAMS ST. 5 BLOCKS SOUTH OF STATE
PROFESSIONAL UNIFORMS FOR THE MEDICAL PROFESSION

DOCTORS, NURSES, TECHNICIANS — BARCO, MR. BARCO, TIFFANY, K & B BY 24
HOUR DUTY, PERRENE'S BY BOB EVANS, VOGUE, WILKO, BROOKS PAUL JONES.
PLENTY OF PARKING

HOURS 9:30 TO 6 P.M. MONDAY AND THURSDAYS 10 TO 9 P.M.

Doctor...two important Lederle products for routine office procedures



single-dose vials
for convenient
and economical
polio
immunization

ORIMUNE® POLIOVIRUS VACCINE, LIVE, ORAL TRIVALENT SABIN STRAINS, TYPES 1, 2 and 3

Fast, simple administration — and economy for the patient — make the new 0.5 cc single-dose vial of ORIMUNE Trivalent ideal for private practice. (Packaged 5 to a box with 5 sterilized disposable droppers for your convenience).

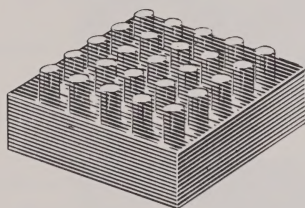
(Also available in 2 cc and 2 drop dosage forms).

Only 2 doses required for complete immunization for patients more than a year old.

Effectiveness—may be expected to confer active immunity against all three types of poliovirus infection in at least ninety percent of susceptibles only if given at full dosage, as directed. No characteristic side effects have been reported. There are, however, certain contraindications. These are, broadly: acute illness, conditions which may adversely affect immune response, and advanced debilitated states. In these, vaccination should be postponed until after recovery.

In infants vaccination should not be commenced before the sixth week of life. Do not give to patients with viral disease, or if there is persistent diarrhea or vomiting. ORIMUNE and live virus measles vaccine should be given separately.

Dosage—initial immunization: two doses each given orally at least 8 weeks apart. (Give a third dose to infants at 10-12 months). Booster immunization: one dose, given orally. See package literature for full directions.



simplifies routine screening

TUBERCULIN, TINE TEST

(Rosenthal) Lederle

Swab • Uncap • Press • Discard

Comparable in accuracy and reliability to older standard intradermal tests*, but faster and easier to use. Since TINE TEST is relatively painless it should receive greater patient acceptance. Results are read at 48-72 hours. The self-contained, completely disposable unit requires no refrigeration and is stable for two years.

Side effects are possible but rare: vesiculation, ulceration or necrosis at test site. Contraindications, none; but use with caution in active tuberculosis. Available in boxes of 5 (new individually-capped unit); cartons of 25.

*Rosenthal, S. R., Nikurs, L., Yordy, E., and Williams, W.: Scientific Exhibit Presented at the Annual Meeting of the National Tuberculosis Association, Chicago, Illinois, May 30-June 2, 1965.

. WELCOME



MAURICE J. BOIVIN, M.D.

Office: 2068 Northampton St., Holyoke

Born: Sanford, Maine; August 5, 1932.

Medical School:

McGill University

Montreal, Canada; 1958.

Internship:

St. Francis Hospital, Wichita, Kansas.

Residency:

Massachusetts General Hospital,
Boston, Mass.

Specialty:

Anesthesiology



DEMOSTHENES D. DASCO, M.D.

Office: 23 Maple St., Springfield, Mass.

Born: Salonica, Greece; June 15, 1932.

Medical School:

University of Salonica,

Salonica, Greece; 1956.

Internship:

Grace New Haven Community Hospital,
New Haven, Conn.

Residency:

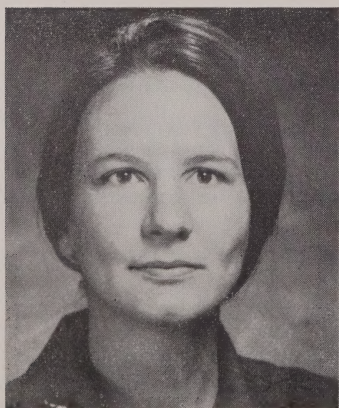
Hartford Hospital, Hartford, Conn.

St. Vincent's Hospital, New York, N.Y.

Montefiore Hospital, New York, N.Y.

Specialty:

Neuro-Surgery



KATHRYN ANN WILLINGHAM COZINE, M.D.

Office: 12A Logan, Westover AFB, Mass.

Born: Newton, Alabama; March 24, 1936.

Medical School:

Johns Hopkins University,

Baltimore, Maryland, 1961.

Internship:

University of Wisconsin

Residency:

Presbyterian Hospital, New York, N.Y.

Specialty:

Anesthesiology

NEW MEMBERS



EDWARD DONN MC HUGH, M.D.

Office: 109 Suffolk St., Holyoke.

Born: Holyoke, Mass.; Nov. 15, 1932

Medical School:

Georgetown Medical School,
Washington, D.C.; 1958.

Internship:

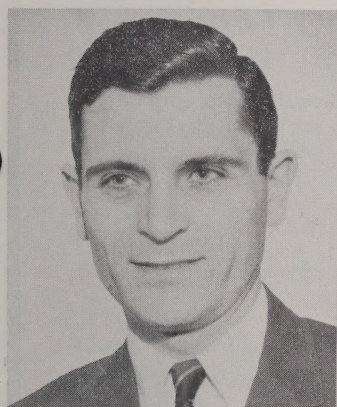
St. Vincent's Hospital, Bridgeport, Conn.

Residency:

St. Vincent's Hospital, Bridgeport, Conn.

Specialty:

General Surgery



JULES C. WHITE, M.D.

Office: 1767 Northampton St., Holyoke, Mass.

Born: New York, N.Y.; Oct. 2, 1933.

Medical School:

Columbia University College of
Physicians & Surgeons, 1958.

Internship:

Yale-New Haven Medical Center,
New Haven, Conn.

Residency:

Yale-New Haven Medical Center,
New Haven, Conn.

Specialty:

General, Thoracic and Vascular Surgery

"We live on momentum. If you stop going you are finished. —Smedly Butler

"The second vice is lying; the first is running into debt." —Ben Franklin

WESTFIELD NURSING HOME

66 BROAD STREET — WESTFIELD

Tel. 562-9227

A Home away from Home, with Modern Equipment and Facilities.

Where Every Need is a Personal Care.

Adequate, Efficient Nursing Staff on duty 24 hours daily.

IN MEMORIAM

EDWARD C. HARRINGTON, M.D.

Dr. Edward C. Harrington of 179 Central Park Drive, Holyoke, died at the Providence Hospital, Holyoke, on May 2, 1966.

Born in Holyoke, Mass., on March 29, 1909, Dr. Harrington graduated from New York University in 1931 and received his doctorate in medicine from Tufts Medical School in 1935. After interning at the Providence Hospital, Holyoke, he entered into the general practice of medicine in his native city.

Dr. Harrington served on the medical staffs of the Providence and Holyoke Hospitals for many years. He was a member of the American Medical Association, the Mass. Medical Society, and the Hampden District Medical Society. During World War II, he served in the medical branch of the Army of the United States.

To his family, his many friends and associates, deepest sympathy is hereby extended.

FRANK A. MAHONEY, JR., M.D.

Dr. Frank A. Mahoney, Jr., of 92 Pleasant Avenue, Longmeadow, died at The Springfield Hospital on May 16, 1966.

Born in Chelsea, Mass., on December 8, 1908, Dr. Mahoney graduated from Boston College and Tufts Medical School in 1935. After having served his internship in The Springfield Hospital in 1936, he later went on to specialty training in otolaryngology at the Brooklyn Eye and Ear Hospital, New York, from 1940 to 1942.

Dr. Mahoney served on the medical staff of The Springfield Hospital for many years and was Otolaryngologist-in-Chief from 1954 to 1963. He was a diplomate of the American Board of Otolaryngology, a member of the American Medical Association, the American Academy of Ophthalmology and Otolaryngology, the New England Otolaryngology Society, the Massachusetts Medical Society, and the Hampden District Medical Society. During World War II and the Korean conflict, he served in the U.S. Army Medical Corps.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

What's the most
widely prescribed
high potency vitamin
in Springfield?



Chances are it is
Theragran
and here's why:



Theragran is current to current needs

Nutritional deficiency problems have undergone revolutionary changes over the years. In the past, vitamin deficiency states such as rickets, scurvy, beriberi and pellagra were serious problems. Now, these are so rare you may not have seen a single case since you started practice. Current nutritional problems may be as subclinical as:

The paradox of malnutrition in our affluent society

An unbalanced nutritional supply-and-demand may produce unexpected vitamin deficits. For example: the current widespread consumption of greater amounts of polyunsaturated fatty acids (PUFA) may lead to a deficit of vitamin E (imbalance of PUFA : E ratio). Animal and human studies have demonstrated that the greater the consumption of PUFA, the greater the need for vitamin E to protect against peroxidation of vital cell lipids.

New Theragran now has 15 I.U. of Vitamin E—more than enough to protect vital cell lipids from destructive peroxidation

The Theragran formulation includes *eight other important vitamins*. Because you know the Theragran formula is always current to the latest knowledge of nutrition, you have prescribed it more than any other high potency vitamin when supplementation was required in such stress situations as: surgery • acute illness • chronic illness (diabetes, arthritis, cardiovascular disease, liver and kidney disorders) • convalescence

New Theragran is better than ever...



Theragran®

SQUIBB HIGH POTENCY VITAMIN FORMULA

E (as d- α -Tocopheryl Acid Succinate)	15 I.U.
A (as acetate)	25,000 U.S.P. units
D (Ergocalciferol)	400 U.S.P. units
B ₁ (Thiamine Mononitrate)	10 mg.
B ₂ (Riboflavin)	10 mg.
B ₆ (Pyridoxine Hydrochloride)	5 mg.
B ₁₂ (as Cyanocobalamin)	5 mcg.
Niacinamide	100 mg.
Calcium Pantothenate	20 mg.
C (as Sodium Ascorbate)	200 mg.

Theragran-M

SQUIBB HIGH POTENCY VITAMIN FORMULA WITH MINERALS

Theragran-M includes all Theragran vitamins plus the following minerals:

Magnesium (as carbonate)	65 mg.
Iron, elemental (as stabilized Ferrous Carbonate†)	12 mg.
Iodine, elemental (as potassium iodide)	0.15 mg.
Copper (as sulfate)	2 mg.
Manganese (as sulfate)	1 mg.
Zinc (as sulfate)	1.5 mg.

†A STAYLOCK™ fusion product

Dosage: Adults—1 tablet daily, or as indicated.

Supply: Bottles of 30, 60, 100, 180 and 1,000 tablets.

SQUIBB



Squibb Quality—the Priceless Ingredient

"MEDICARE'S IMPACT ON THE DOCTOR'S WORK LOAD AND INCOME"

by

LEWIS A. MILLER, EXECUTIVE EDITOR

"MEDICAL ECONOMICS"

as presented at the

Springfield Academy of Medicine's Meeting
of

May 10, 1966

Do you know when I first felt the impact of Medicare sharply? Not when I started paying increased Social Security taxes, not when my life as Executive Editor of "*Medical Economics*" became complicated by trying to find out and publish as much as possible on the subject, nor was it in recent discussions with Arthur Hess, the head of the Medicare Program, or any of his cohorts. The impact of Medicare really hit home one rainy Sunday afternoon a few weeks ago when I was chatting with a rock-ribbed, conservative Republican friend of mine—a man who has worked closely with doctors and hospitals for the past eight years. The subject then, as now, was Medicare. The gist of my friend's remarks went this way:

"My mother's been in a nursing home for two years. I'm glad Medicare will start paying her bills January 1! What do you mean, Medicare won't pay for my mother? She's been in a nursing home for two years; she's entitled to benefits like everyone else, isn't she? Well, damm it, if it takes a doctor to admit her to a hospital for three days so she can qualify for benefits like everybody else, then I'm going to get a doctor to admit her. That's all there is to it. She's got just as much right to those benefits as anybody else!"

In my friend's comments—and thousands like them—lie the true impact of

Medicare on physicians and hospitals, I fear. If it weren't for the "I'll get what's coming to me" attitude of many senior citizens or their younger relatives, the impact of Medicare could be relatively slight come July 1. Pressure from patients, then, will play a bigger part in increased demand for health services under Medicare than any other single factor.

I'll be covering some aspects of this pressure as I discuss for you the immediate impact of Medicare on private medical practice over the next few months. I'm going to assume a certain knowledge on your part of the mechanics of Medicare, even though some of the regulations are still only dimly understood. Keep in mind that I'm not a technician in the employ of the Bureau of Health Insurance of the Social Security Administration. I'm just about as puzzled as most of you are over some of the specific regulations. I'd like to spell out for you now six predictions on Medicare's immediate impact and, in the course of setting these forth, I hope to add a few ideas that you may find useful in preparing yourselves for what's ahead.

Prediction Number 1

General practitioners and internists can expect some increase in office patient load in July and August. Some family doctors I know are already booking

(More on page 20)

appointments in early July with elderly people who are new patients even though their appointment schedules are normally booked only three or four weeks ahead.

There are several reasons for this summer increase. For one thing, most senior citizens are woefully uninformed about their Medicare benefits and may use early summer visits to the physician as an occasion to find out what they're entitled to. Many may be surprised to learn that those first office visits will not be covered under Medicare; in fact, they will not be covered at all unless these elderly people have supplementary insurance from Blue Shield, a major medical program, or a welfare department. Then too, many July Medicare patients will be coming in with borderline complaints that, perhaps, they put in the backs of their minds in June. And finally, there'll be a stream of curious clinic patients who want to find out what it's like to go to a private physician's office for a change, now that they're entitled to benefits there.

What steps can you take to ease this extra burden during the summer months? Most important, you can make sure that you have the right kind of office help and enough of it. Nowadays, I'd say that most busy solo internists or G.P.s need at least two medi-

cal assistants, and even three, to take on more paramedical tasks. If properly trained, office assistants should be able to handle most of the time-consuming explanations about Medicare. You should be able to say: "Mrs. Brown, I'm going to let Sara fill you in on the details of your new coverage. She knows much more about it than I do, and I'll see you later to answer any further questions you may have."

I needn't remind you that there are a number of tasks you may be doing now that can be done by a well-trained aide—such as taking weights, pulses, and even blood pressures. Then too, if you don't have a sound, working appointment system, I would suggest you get one going as soon as possible. "Medical Economics" has had a number of articles, including two earlier this year, on controlling an appointment system so that you stay on schedule.

If you find your own appointment book is beginning to fill up for those first few weeks in July, consider starting your office hours one hour earlier in the morning. Won't that cut into hospital rounds? I'm sure it will, but I can only pass along to you one report from a study in Jefferson County, Kentucky. To wit: Doctors waste approximately two hours and 35 minutes each morning in the coffee shop and in the

Buckley's Pharmacy

JOHN A. BUCKLEY, B.S., Reg. Pharmacist

24 HOUR EMERGENCY PRESCRIPTION SERVICE

Prescriptions Delivered

2 NORTH MAIN STREET — EAST LONGMEADOW, MASS.

Call Anytime 525 - 3357

unrealistic way in which they make hospital rounds. I realize Springfield isn't Jefferson County, Kentucky, but how about saving just 35 minutes?

Prediction Number 2

General surgeons, urologists, and ophthalmologists are most likely to feel the effects of delayed elective surgery, such as hernias, prostates, and cataracts. There is some evidence that, as we get closer to July 1, elderly patients may be postponing such surgery for a few weeks.

This problem may be more prevalent in those areas where a relatively high proportion of patients do not now have good health insurance coverage. Medicare will, in effect, give these people—the people in Western Pennsylvania, for instance—more purchasing power for elective surgery than they've ever had before.

If you're beginning to get some indication that patients want to postpone their elective surgery until July 1, it may be wise to get any elective surgery on the waiting list soon—whether it's for an over-65 or an under-65 patient.

Prediction Number 3

Office practitioners will note a bigger increase in paper work than surgeons, since most of the latter have handled a high percentage of their work through insurance. The paper work on Medicare promises to be no more involved than that for most Blue plans or commercial insurance companies. It will, however, place an increased burden on the family physician who has not been in the habit of collecting his small bills through insurance.

Though the doctor has the choice to bill directly or take an assignment from his patient, either way he must provide more information than previously. If he takes an assignment and sends his statement to the Blue Shield or insurance carrier for his area, he must specify

(More on page 22)

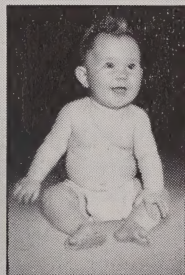
the "healing
touch"

PANTHODERM

2% panthenol in a
water-miscible cream base

CREAM

soothes,
relieves itching
and irritation,
promotes healing
in case
after
case
of...



**BED SORES
ECZEMAS
EXCORIATIONS
DIAPER RASH
ABRASIONS
DRY, ITCHY SKIN**

so dependable, so elegant, so smooth,
such snow-white cleanliness.

Write for samples of Panthoderm Cream and see for yourself.

u.s. vitamin & pharmaceutical corp.
800 Second Avenue, New York 17, N. Y.

not only procedure and fee but also diagnosis. Then he must follow up with a separate bill to the patient for the \$50 deductible and for the 20 per cent share the patient must pay. If he bills directly, he also must provide the patient with information on procedure, fee, and diagnosis. Moreover, if he wishes to save the patient concern over the diagnosis, he may have to send the receipted bill in himself on behalf of the patient.

Direct billing may pose one paper work burden that most doctors haven't anticipated. The patient must have a receipted bill, as you know, to get reimbursed by the Medicare intermediary. He may not be able to pay the bill in full until he has been reimbursed. There's a solution to this dilemma, but it calls for more paper work. The solution is to have the patient sign a promissory note in lieu of payment. This enables the physician to mark the bill "paid" for purposes of collection by the patient from the Medicare intermediary. The promissory note, of course, is still legally collectible by the physician or may be written off as a bad debt.

To sum up, while the forms themselves are simple, there is extra work involved. You can minimize the headaches by adopting a standard itemized

billing form if you don't already have one. List your standard office procedures at the bottom with a code number and use the code number on the bill portion itself with the fee alongside. Provide a space at the bottom of the bill to write in the diagnosis. If possible, use a standard nomenclature system, drawn from one of the relative value scale books or from the A.M.A. system, to describe each diagnosis.

Prediction Number 4

If you have bed shortages in your hospitals now, you can expect them to get worse rather than better in the short run. The story I told earlier illustrated one of the prime reasons for this. There will be increased pressure on physicians to hospitalize patients who are now in nursing homes for three days so that they can qualify for extended-care benefits after January 1. In addition, there will be pressure to hospitalize Medicare card-holders who suddenly feel entitled to 24-hour care for their chronic conditions rather than two office visits a month. Then too, as doctors get busier, it sometimes seems easier to give good care when patients are grouped under constant surveillance in the hospital. Finally, bed shortages may become particularly acute in the fall if no extended-care facilities or

(More on page 24)

F F S DRUG STORES — YOU RING, WE BRING

Fort Pleasant Pharmacy
28 Fort Pleasant Avenue

Murray Cousin — Irwin Budnick
Reg. Pharamcists

Saratoga Drug, Inc.
690 Main Street

Myron Kligerman — Sam Goldberg
Reg. Pharamcists

Four Corners Pharmacy
217 North Main St., East Longmeadow

Albert Bourque — Morris Hecker
Reg. Pharamists

WHEN WE SAY "COMPLETE SERVICE" . . .

. . . WE MEAN JUST THAT!!!

AMBULANCE SERVICE DEPARTMENT . . . four brand new ambulances, Cadillacs for comfort. Radio dispatched 24 hours a day. Ready to serve you, anywhere - any time. Our nationally recognized ambulance department, known for fine service from coast to coast, is managed by one of the finest, most experienced ambulance managers in the industry, MR. ROBERT R. BERUBE. Active members of the Ambulance Association of America, Eastern Ambulance Association, Massachusetts Ambulance Association.

OXYGEN THERAPY DEPARTMENT . . . offering a complete home oxygen therapy program, designed to allow the physician to conduct treatment in the home and the patient to convalesce in the comfort of his own home. This program has much psychological value. Deliver 24 hours - seven days a week in our unmarked van. Never an interruption of service. Our oxygen therapy manager, MR. ROBERT DEARNESS, offers free consultation with any patient at your request. Complete instruction. The simplest and most accurate equipment is used. All types of breathing therapy equipment available, suction units, I.P.P.B. units, Nebulizers, oxygen tents, etc. For rent or for sale.

AIR-AMBULANCE SERVICE . . . air transfer anywhere, in our own aircraft. Twin or single engine, Cessna or Beechcraft. Two pilots and an ambulance technician on every trip. Nurses available. Three pilots on our staff ready to go 24 hours a day. Our airplanes are fully equipped as are our Cadillacs. We also have private charter service for our medical associates. Using our discount rate schedule, flying may be not only the quickest but the most reasonable way to travel.

SURGICAL STORE . . . our new showroom is now open at 302 Locust St. (formerly Hood's Ice Cream Building). We offer a complete line of patient's aids. Everest & Jennings Wheelchairs and many other top brands. We are steadily building up our physician supply lines. Try us, "if we don't carry it now, we'll have it next time you call". Under the management of David J. Panaia.

RENTALS . . . All we can say here is "If it's medical - we rent it". All top brands at low rental rates. Immediate delivery with our own truck. Instruction on use with every item. Brochure soon to be available.

GOLD CROSS

**AMBULANCE & OXYGEN SERVICE, Inc.
SURGICAL SUPPLY CO., Inc.**

302 LOCUST STREET — SPRINGFIELD, MASS.

home-health programs are available for those elderly patients who are ready to be discharged.

I'm afraid I have no quick and easy answers for the bed crisis. Much of the control rests in your hands as you talk to patients and their relatives.

What would you tell my friend who insists that his mother is entitled to those nursing home benefits and she's got to be admitted to a hospital so she can qualify? I suppose your answer has to be: "Our hospital beds are all being used by people who need them for acute care and need them more than your mother does right now. As soon as she needs acute care, you can be sure we'll get a bed for her in the hospital." But some of you may have better answers. If so, I'd like to hear them.

One fact some of you may not be aware of is that a Medicare patient can collect extended-care benefits come January as long as his three-day hospitalization occurred after July 1, 1966. If, then, he entered an extended care facility within 14 days of hospital discharge, his benefits would commence January 1.

Now, of course, utilization committees will help the bed shortage too. It's going to be extremely important for the sake of under-65 patients, as well as those over-65, that these committees buckle down to their educa-

tional work as soon as possible. Otherwise, the one or two-day overstay on short hospitalization will become crucial and lengthen the delays for all kinds of elective work. The utilization committee is going to have to concern itself with under-65 hospitalizations as well as those of over-65 patients, and it's going to have to be particularly conscious of admissions for diagnostic purposes.

You'll want to make sure that your hospital is either making provision for extended-care beds of its own or working out transfer agreements with nearby nursing homes. The same concern should apply to home-care programs. In the long run, provision of adequate extended-care facilities and home-care programs will alleviate the shortage of acute beds not only for over-65s but for under-65 patients.

Prediction Number 5

You can expect a gradual trend toward standardization in all aspects of rendering medical care in the office and in the hospital. I doubt that this trend will become readily apparent in the first few months of Medicare, but it's bound to show up as the months roll by. For one thing, each fiscal intermediary—that's the Blue plan or commercial insurance company acting on

(More on page 26)

NOW OPEN — MALL DRUGS
COMPLETE PRESCRIPTION SERVICE
ALL MAJOR COSMETIC LINES
DELIVERY SERVICE ANYWHERE

1511 Main Street — Springfield, Mass.

Tel. 739-1128

SPRUCE MANOR NURSING HOME

Now Open and Accepting Private and MAA Cases

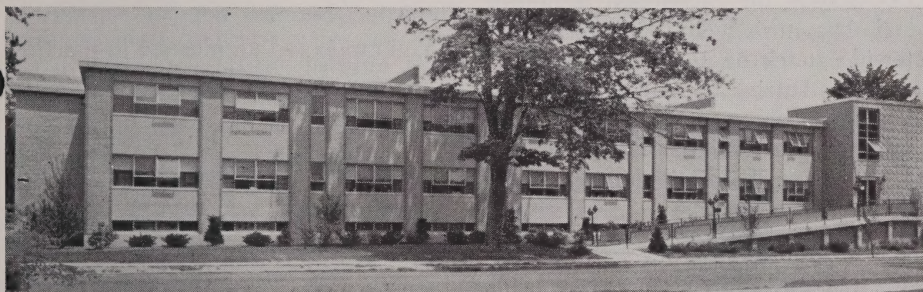
*SPRINGFIELD'S NEW, SPECIFICALLY DESIGNED,
CONSTRUCTED AND EQUIPPED FOR THE CARE OF
CONVALESCENTS, POST-OPERATIVES, INVALIDS
and CHRONIC PATIENTS.*

— — —

2500 FEET FROM MEDICAL CENTERS ON MAPLE AND SCHOOL STREETS

OFF-STREET PARKING FOR 100 CARS

WITHIN MINUTES OF SPRINGFIELD'S THREE LEADING HOSPITALS



388 CENTRAL STREET — SPRINGFIELD, MASS.

Area Code 413 734-4986

behalf of the government in your area — will be developing profiles on each physician and his practice. At the start, only flagrant abuses will be picked up, just as they have been by Blue Shield plans and other health insurance carriers. But gradually, the intermediaries will have a substantial body of data on office procedures, diagnoses and fees in their area. Similarly, the work done in each hospital will be profiled.

I can't believe that these profiles will *not* be used at some point to develop what might be called "acceptable patterns of care" in a region. We're already seeing this happen in New Jersey hospitals through Blue Shield and Blue Cross plans. Perhaps, most of you are familiar with the A.I.D. program that's been in operation for about a year. A.I.D. stands for "Approval by Individual Diagnosis", and it's the first statewide attack on the length of hospital stays. During the five years before the A.I.D. program went into effect in May, 1965, the average length of stay in a New Jersey hospital had risen from 7.8 days to 8.5 days. The A.I.D. plan has halted this increase and, as a matter of fact, cut the average length of stay back to about eight days.

How does the program work? It sets down reasonable lengths of stay for 308 of the most commonly occurring diagnoses and says that Blue Cross will pay for only X number of days unless a physician certifies an extension of hospitalization. Blue Shield payments for inpatient visits likewise stop without the recertification.

COMPLIMENTS

Ernest A. Byron

SPRINGFIELD

This type of control may be developed elsewhere through Medicare, since a great body of information on diagnoses, lengths of stay, etc. will be collected across the country by the fiscal intermediaries.

Obviously it's easier to develop profiles of care in hospitals than in office practice. Yet, from the mass of statistics on office care some patterns are bound to emerge to which third parties will begin to take a hard look.

In fact, one member of the Technical Advisory Committee on physician participation in Medicare says, "It would be very naive for anyone to say there's not going to be a utilization review program covering patient care in the office though it will probably take years to set up."

Prediction Number 6

You can expect an increase in practice

SCHERING

CORP.

BLOOMFIELD, NEW JERSEY

Professional Sales Representative

TERRENCE T. HEFFRON

277 Pleasant Street

Holyoke, Mass.

534-1697

earnings if you've been doing a considerable amount of free work or cut-rate work for elderly patients. If you haven't, Medicare will just substitute for payment by the patient himself or by his insurance company or even by the Kerr-Mills program in your area.

To be more specific, the doctors whose income will rise noticeably as a result of Medicare are those who have had fees considerably lower than the going rate in the area, those who have reduced their fees for many of their elderly patients, and those whose patients have a low-fee schedule type of health insurance. Medicare fees are geared to reasonable charges for a service rendered and commensurate with fees charged for a similar service by other practitioners in the area. For example, a G.P. who has an old practice with a high percentage of over-65 patients may have been charging most of them \$2 or \$3 for an office visit. The going rate in his area may be \$5 for an office visit and he, in fact, may be charging that to his newer patients. He'll be able to charge at the \$5 level for Medicare patients so long as that's the usual, customary, and prevailing fee for such a service. Similarly, if any of the doctor's patients are covered on a low-income, low fee schedule service-benefit contract, he'll probably be able to charge and collect a fee commensurate with that charged most patients for similar services in the area. Therefore, under Medicare, a physician who has sown seeds of charity over the years may reap a minor financial harvest at this time.

For most physicians though, whatever small increase in income Medicare brings, will be eaten up by the additional cost of doing business. Let me repeat, though, that I think it's a sound investment to pay these extra dollars

out for competent office help so that the physician can spend his time giving care rather than dealing with paper work or administrative explanations.

Is Medicare likely to put a ceiling on doctor's incomes by freezing fees? Theoretically, the answer to this question is no. The man in charge of the Medicare program, Arthur Hess, states categorically: "I think there's a clear public policy that does not freeze doctors' fees." Hess is talking about the "reasonable fee" approach to paying doctors for their services as contrasted with a fee-schedule approach. The law specifically provides for flexibility in payment of fees and as Hess adds: "Medicare doesn't give us the right to bargain with physicians about fees either directly or through our intermediaries, but rather, to respond to a factual situation. Thus, if a physician is

(More on page 28)

OUR SECOND LUXURY
REST HOME OPENING
SOON — PRIVATE ROOMS
SUITES — AVAILABLE

RING
NURSING
HOME

16 Ridgewood Terrace
Springfield, Mass



going to raise fees next September, the first question that would be looked at is: Are you raising fees for all patients or raising them for Medicare patients only?" But even Mr. Hess admits that any third party — consumer group or government agency — is going to have a certain amount of built-in resistance to increased costs of medical care that may require an upward adjustment in premiums. In addition, medical society review committees may be called on more and more to examine levels of charges by specific physicians and, in effect, help determine local policy on fee increases. All in all, there'll be less individual discretion, I think, in changing your fees as time goes on.

Practically speaking, the only advice I can pass along concerning fee increases is this. Check carefully among your colleagues before instituting a fee increase in any one category or across the board. Make sure the increases apply to all patients and not just Medicare patients. Cross-check any changes you may make against the guidelines in the relative value scales published by various medical societies. And, above all, try to avoid county-wide agreement on fees. Nothing will raise a storm of

public protest faster than to have a county medical society adopt a suggested minimum office-visit fee, for example.

What about payment for free work at clinics and in charity hospital wards? Certainly Medicare will pay the bill for patients in these places. The question will be: Who gets the payment? If free medical service is provided as part of the teaching program, the doctor responsible for the patient is entitled under law to receive the fee. Chances are, though, that he will make a blanket assignment of his Medicare fees to the hospital teaching program.

Obviously, many service patients will now have the option of becoming private patients. If they choose to, this may have a serious long-term effect on how teaching programs are set up in community and university hospitals. But that's too big a question to get into at this time.

I've tried to touch very briefly on the principal areas of impact that Medicare will have on the private practice of medicine in the balance of 1966. If patients, doctors and hospitals take a sensible long-term view of this new government program, its impact will not overwhelm us in the next few months. But, as I indicated in my open-

Old STORROWTON TAVERN



**Old-Fashioned Food,
Drink and Lodging
Open Every Day**

West Springfield, Mass.
Exit 4, Mass. Turnpike

For Information or Reservations for
your Business or Pleasure trip contact:

**WEIDNER TRAVEL BUREAU,
Inc.**

83 State Street — Springfield, Mass.
Tel. 781-0550

TOROS OMARTIAN & SON, Inc.

ORIENTAL RUGS
BROADLOOM CARPETS
HOOKED AND BRAIDED RUGS

390 BRIDGE STREET
SPRINGFIELD, MASS.

**HANNIGAN-FITZGERALD
FUNERAL HOME, INC.**

656 State Street Springfield, Mass.
William M. McCarthy, Director

ing remarks, be prepared for an onslaught of pressure — pressure for office care and pressure for hospital care. If you meet this pressure with firmness and reason, you'll not be unduly burdened by the Medicare program. If you make sure, as you have right along, that those patients who need medical attention get it and get it promptly, your patients will have no complaint. And finally, if you make sure that your office staff and office procedures are up to date and ready to handle the explanations, the paper work, and the inevitable nuisance of a new program; you'll be able to take Medicare in your stride or at least you'll be doing all you can to maintain good care for *all* your patients — young and old. #

Patronize our advertisers and remember to mention the Hippocrat.

"Thus they that do good, not only do good themselves, but by their example are the occasion of much good being done by others. . . ."

—Ben Franklin

"Many people are egoists in good fortune and only share their sorrows."

—Frank Swinnerton

RE 6-0351

Spring Street Drug, Inc.

Waiting Room & Office Furniture
Office Planning

A. R. REID
100 STATE STREET — SPRINGFIELD
REpublic 9-7385 - 6

COMING EVENTS

HDMS FALL MEETING, SEPTEMBER 27

HDMS EXECUTIVE COMMITTEE MEETINGS, JUNE 21 and SEPT. 20

MMS COUNCIL MEETING, BOSTON, OCTOBER 12

AMA ANNUAL MEETING, CHICAGO, ILL., JUNE 26 - 30

AMERICAN MEDICAL WOMEN'S ASSOCIATION,

ROCHESTER, N.Y., JULY 7 - 9

AMERICAN ACADEMY OF GENERAL PRACTICE, BOSTON, OCT. 7 - 14

AMERICAN COLLEGE OF SURGEONS, SAN FRANCISCO, OCT. 10 - 14

AMA CLINICAL MEETING, LAS VEGAS, NEV., NOV. 27 - 30

PROGRESS REPORT ON MENTAL HEALTH

by

EUGENE BOSS, JR., M.D. AND RALPH T. MILLER, M.D.
H.D.M.S. COMMITTEE ON MENTAL HEALTH

Until the 1800's, the mentally ill were a family and community problem. In a rural setting, the emotionally disturbed and retarded could be used to some degree on the farm. As the United States became urbanized, it became necessary to confine more and more of the mentally ill to jails and workhouses with conditions so bad that the state was forced to take over the care of the mentally ill. Because mental illness was at that time a social stigma, large mental hospitals were built in remote areas of the state, and many laws were passed making mental illness the most legislated of all disease.

At first, treatment in state hospitals consisted in feeding and restraining the patients, and it has only been in recent years that any real advances have been made in treatment. This was first attempted by vocational and occupational guidance, later with insulin and electroshock therapy. Approximately 20 years ago, drugs became first available which could significantly influence the behavior of psychotic patients. A marked impetus was given to the treatment of mental disease during World War II by the military experience in cases of "battle fatigue". At about this same time, there was a series of disclosures in lay publications of shocking conditions at some state mental hospitals and groups of laymen became interested in improving the lot of patients confined

at mental institutions.

The first legislative move towards modernization of the mental health structure of the country was made in 1946 when the National Mental Health Act was passed establishing the National Institute of Mental Health. This Act authorized grants-in-aid to the various states for Community Mental Health Programs, thus establishing the State-Federal partnership in Mental Health. A second important step was taken in 1955 when the Mental Health Study Act assigned to a Joint Commission on Mental Illness and Health the project of surveying resources and making recommendations for combating mental illness in the United States. The report of this Joint Commission was published in 1960 as *Action for Mental Health*. In response to these recommendations, the 87th Congress in 1963, at President Kennedy's request, provided 4.2 million dollars per year for two years as grants-in-aid to the various states for financing Comprehensive Mental Health Planning at the state level.

The Mass. Program

During the past two years, each state has carried out its own Comprehensive Study and Planning Program toward developing a Comprehensive Community Mental Health Plan. In Massachusetts, this was carried out for the Department of Mental Health by con-

CROTTY DRUG STORE

78 Elm Street — Westfield, Mass.

LOgan 2 2644

Over Half a Century

Serving Westfield People

*Compliments
of*

BETTY'S OLD TOWNE HOUSE
Agawam, Mass.

tract with The Medical Foundation, Inc., a voluntary agency affiliated with the United Fund. Over 300 individuals took part in this study including 32 state legislators, a member of the Governor's Council, 101 physicians, 47 social workers, 27 psychologists, 10 nurses, 10 sociologists, and 9 clergymen. These participants were organized into 14 task forces to cover 14 problem areas: adult mentally ill, emotionally disturbed and psychotic children, mental retardation, alcoholism, drug addiction, adult crime and juvenile delinquency, epilepsy, aging, manpower, research, training, communications and health education, government structure, legislation, financing and occupational mental health. The reports of these task forces were summarized and published in December of 1965 as *Mental Health for Massachusetts*, the Report of the Massachusetts Mental Health Planning Project.

This document contains over 100 pages and makes 170 recommendations divided irregularly among the 14 problem areas studied by the various task forces. The Advisory Council felt that 15 of these recommendations were the essential core about which all the others revolved and gave them the highest priority, warning that failure to enact any one of them would affect the entire plan. These 15 principal recommendations propose that Community Mental Health Programs should be organized in 37 designated areas to provide Comprehensive Mental Health Services to the local community. The Plan en-

visions local citizen participation through membership on local boards to promote an active partnership between private, community, and state mental health efforts. An increase in Federal and State appropriations is urged for prevention of mental illness which in turn would reduce admissions to large State hospitals. The 37 Centers would have to be comprehensive and offer a designated variety of services in addition to offering care to groups previously overlooked. The Department of Mental Health is urged to take the initiative in affiliating these Mental Health Programs with private and public educational facilities throughout the State. Funds for mental health training activities is to be obtained from the Department of Mental Health. In addition, research activities should be a part of these programs. New and additional personnel in the Department of Mental Health should be obtained for a permanent planning division to coordinate and organize Mental Health activities, and the present professional positions in the Department of Mental Health should be redefined and structured to carry out these goals.

For a program to be considered comprehensive, it must include the five essential elements described in the Federal Regulations for Community Mental Health Centers: (1) inpatient services, (2) outpatient services, (3) partial hospitalization services including at least day care services, (4) emergency services providing 24 hours per day for at

(More on page 32)

Luncheons - Dinners - Cocktails
WILLOW GLEN HOUSE
 East Longmeadow, Mass.
 232 North Main St. - Tel. 525-2167

COMPLIMENTS
T. P. Sampson Co.
 Springfield

least one of the 3 services first cited, (5) consultation and educational services available to community agencies and professional personnel. For an adequate range of services to be available to the community, an additional five elements should be included: (1) diagnostic services, (2) rehabilitative services including vocational and educational programs, (3) pre-care and after-care services in the community including foster home placement, home training and half way houses, (4) training, (5) research and evaluation.

Local Area Program

According to the Mental Health for Massachusetts Report, the Springfield area would make up the largest planned mental health region in the State. The cities and towns to be serviced would include: Agawam, Blandford, Chester, East Longmeadow, Granville, Hampden, Huntington, Longmeadow, Ludlow, Montgomery, Russell, Southwick, Springfield, Tolland, Westfield, West Springfield, and Wilbraham. With future population growth, it is planned that Westfield could eventually develop its own comprehensive program. Holyoke is designated as a separate center serving the towns of Belchertown, Chicopee, Easthampton, Granby, Holyoke, South Hadley, and Southampton. In the study, Springfield was designated as an area of limited resources and high overall needs. There is reason to believe that, because of the particular criteria chosen to evaluate the communities in the Commonwealth, Springfield's needs were somewhat overestimated and its resources were underestimated.

Following a study by the Community Council and the Hampden District Medical Society, a local board has been organized taking its membership from many interested groups including mem-

bers of the Hampden District Medical Society. A program for the proposed center has been outlined, and tentative agreement has been reached with the trustees of The Springfield Hospital to locate the center on the grounds of and to affiliate with that general hospital. At the present time, negotiations are being carried on between the Board of Trustees of The Springfield Hospital and the Commissioner of Mental Health with the Board of the proposed mental and health center to work out the professional program and administrative structure.

Implementation

Based on the report of the Massachusetts Mental Health Planning Project, on March the 8th, Governor Volpe presented to the Legislature House Bill #3167, an "Act to establish a Comprehensive Program of Mental Health and Mental Retardation Services throughout the Commonwealth." This Act would implement many of the suggestions in the "Mental Health for Massachusetts" Report by proposing that manageable geographical areas be established for the Community Mental Health Program. Each area would consist of a population between 75,000 to 200,000 people who would be provided with continuing comprehensive and coordinated services. The Bill provides for the establishment of Mental Health and Retardation Citizen Boards throughout the State allowing the citizens on these boards to have substantial responsibility for the Mental Health Programming in Massachusetts. The programs would

CHESTER'S DRUG STORE

MEDICAL CENTER

305 Appleton St., Corner Maple
HOLYOKE, MASS.

be comprehensive in scope including the elements already mentioned as being essential to a comprehensive center. In addition, they would also include Mental Retardation Services with major considerations given to: (1) diagnostic evaluation services, (2) treatment services, (3) training programs for pre-school educational and clinical services, (4) vocational adjustment programs, (5) day and night care, and (6) long and short term residential services for various purposes. Within 6 months from the time of enactment of the Chapter, the Department will complete the division of the Commonwealth into areas and regions; within 18 months, the Department shall approve the establishments of these Citizen Boards.

The Governor's Mental Health Bill is now being reviewed by a legislative committee. The Medical Society at both the state and district level will make suggestions to the Legislature as well as directly to the Department of Mental Health with the hope of obtaining as workable a program as possible on which to base future progress in mental health.

Due to the labors of many people, the community approach to the treatment of mental illness seems now to be an accomplished fact. Agreement must still be reached between the community and the Department of Mental Health as to their individual roles in this enterprise. Legislation must still be enacted; money, appropriated; and negotiations, completed with hospital and architects. Finally, personnel must be found to man these projects; however, the outlook is one of optimism.

#

SUPPORT OUR ADVERTIZERS

CORRESPONDENCE

A Note of Confidence

Dear Hippocrat:

You are famous for patronizing your advertisers, the funeral parlors, but I wish to be recorded as one of the many who respect your retiring editor, Max Millman, and his ten years of accomplishment.

Those of us who grew up with so many of our local medical publications are proud of their progress. Max Millman (sounds like an invasion of Mexico) has done very well indeed. Our best to him.

We note that he is succeeded by a man of parts and of numbers: Ayres 1414 SSSM 01109.

Joseph A. Lundy, M.D.

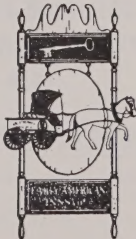
Past Editor, Worcester Medical News

SCHOLARSHIPS AVAILABLE

The Scholarship Committee of the HDMS will have available about \$1000 for scholarship grants to medical, nursing, or pharmacy students during the coming year.

Applications should be in Mrs. Purdy's hands prior to September 1, 1966.

Traditional
**New
England
Hospitality**



YANKEE PEDLAR INN
GENE TAMBURI, Innkeeper
 Rt. 5 at 202 Holyoke Mass.
 Phone: 532-9494

SPRINGFIELD ACADEMY OF MEDICINE

OFFICERS

1966 - 1967

<i>President</i>	Richard J. Maher, M.D.
<i>President-elect</i>	James D. Fisher, M.D.
<i>Vice-president</i>	Carol Bryant, M.D.
<i>Secretary</i>	Charles Atamian, M.D.
<i>Treasurer</i>	David W. Williams, M.D.

Board of Directors

F. E. Hurley, M.D.	1967	E. J. Manwell, M.D.
J. J. Bandeian, M.D.	1968	W. M. Davis, M.D.
W. B. Coen, M.D.	1969	M. Mazer, M.D.
O. T. Pace, M.D.	1970	B. Bloom, M.D.
J. J. Maloney, M.D.	1971	F. T. LaRochelle, M.D.

Board of Censors

F. C. Leonard, M.D.	1967	W. J. J. Nero, M.D.	1969
E. W. Beauchamp, Jr., M.D.	1968	A. M. Ashe, M.D.	1970
E. J. Manwell, M.D.	1971		

A C A D E M Y

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, SEPTEMBER 13, 8:30 P.M.

Speaker:	ALEXANDER BRUNSCHWIG, M. D. Memorial Center for Cancer New York, N. Y.
Topic:	"PRESENT STATUS OF PELVIC EXENTERATION"
Place:	Auditorium, Municipal Hospital Springfield
Hospital Clinic:	The Springfield Hospital, 5:00 P.M.

GOLF TOURNAMENT IS HELD

The fourth annual Golf Tournament of the H.D.M.S. will go down in history as the biggest and best yet held. It took place at the Twin Hills Country Club, Longmeadow, on Wednesday, May 25, 1966.

Notwithstanding overcast skies and threatening weather no fewer than 57 golfers took to the fairways. A similar number attended the social hour and the delicious roast beef dinner that followed.

In the absence of President Hayes, President-elect Baker welcomed the gathering and expressed the appreciation of the Society to Chairman Harry Roberts and his Golf Committee for a job superbly done. Dr. Baker then announced the establishment of a Golf Trophy to be awarded annually to the low net winner and a Golf Plaque on which the names of the low gross winner and runner-up would be inscribed.

On a motion by Dr. E. Beauchamp, Jr., it was voted unanimously and enthusiastically that the trophy be known as the *Harry L. Roberts Gold Trophy*.

The winners were as follows:

Low net:

1. J. T. Branciforte

Winner of the Harry L. Roberts Trophy

2. T. E. Hoffman
3. J. Zielinski

Low Gross:

1. R. S. Dudis - Winner
2. W. E. Coons, Jr. - Runner up
(Names of above two to be engraved on Plaque)

3. E. R. Levitz

Nearest the pin on the 18th green:
N. Epstein

Highest score: Fred Hopkins

It was voted that the date and place of the 1967 Golf Tournament be left to the discretion of the Golf Committee.

Millman



Dine in Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN

Easthampton Road, Route 141

HOLYOKE

JEfferson 9-9137

CARROLL TRAVEL BUREAU INC.

Johnson's Bookstore Building
1383 Main St. — Springfield, Mass.
RE 9-7391

A Complete Experienced Travel Service

COMPLIMENTS

Henderson Funeral Home

SPRINGFIELD

PATRONIZE OUR ADVERTISERS

Below is a list of our advertisers for 1966. In your contacts please tell these people how much we appreciate their support.

AAA
ALA
Betty's Old Towne House
Buckley's Pharmacy
Byron's Funeral Home, Inc.
Carroll Travel Bureau
Chester's Drug Store
Corliss Adjustment Bureau
Credit Bureau, Inc.
Crotty Drug Store
Curran-Jones, Inc., Funeral Home
Cusack, Robert E., Funeral Director
Dickinson-Streeter Co., Funeral Home
East Longmeadow Nursing Home
F F S Drug Stores
Flittner Drug Corp.
Footit Surgical Supplies
Gold Cross Ambulance & Oxygen Service
Gunnery, The
Hafey Funeral Home

Hampden Leasing
Hannigan-Fitzgerald Funeral Home, Inc.
Harris Pharmacy
Henderson Funeral Home
Hillbrook House
Kane Pharmacy
King's Drug Store
Landen True, Jewelers
Lederle Laboratories
Lester Burdick
Lilly, Eli and Co.
Log Cabin Restaurant
Mall Drugs
Medical Management
Merck, Sharp & Dohme
Merit Pharmacal Co.
O'Donnell, Edward F. Funeral Home, Inc.
Old Storowton Tavern
Omartian, Toros & Son, Inc.
Orchard Manor Rest Home
Perrene's Ltd.
Pitman-Moore
Pomeroy-Williams Co.
Professional Pharmacy
Ratell Funeral Home
Reid, A. R., Inc.
Ring Nursing Home
Safe Deposit Bank and Trust Co.
Sampson, T. P., Funeral Home
Schering Corp.
Schlatters' Inc., Florists
Sheraton Inn
Smith, Kline and French Laboratories
Spring Street Drug, Inc.
Spruce Manor Nursing Home
Squibb, E. R. & Sons
Student Prince Restaurant
J. F. Tangocci
Third National Bank of Hampden County
U. S. Vitamin & Pharmaceutical Corp.
Valley Bank and Trust Co.
Wallace Laboratories
Weidner Travel Bureau, Inc.
Western Massachusetts Electric Co.
Westfield Nursing Home
Willow Glen
W. F. Young, Inc.
Yankee Pedlar

PROFESSIONAL PHARMACY

"In The MEDICAL CENTER"
130 MAPLE STREET
SPRINGFIELD, MASS.

TELEPHONE

736-1859 — 736-1850

PRESCRIPTIONS FILLED
WHILE YOU WAIT

OR

FREE DELIVERY

IN GREATER SPRINGFIELD
Hours Daily 8 A.M. - 9 P.M.
SUNDAY 10 - 1

24-HOUR PRESCRIPTION SERVICE

David R. Smith
Reg. Pharmacist

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.



EAST LONGMEADOW NURSING HOME

Ultramodern, resortlike, convalescent and nursing home overlooking Franconia Golf Course.

All new staff of Registered Nurses — several times latest state requirements.

Spacious living room, dining room, country grounds for that great to be alive feeling.

Landen-True

10 HARRISON AVENUE — SPRINGFIELD

TEL. 734-5658

"Quality Jewelers for 102 Years"



THE MEDICAL CREDITS DIVISION

Administered by an Operating Council comprised of Physicians, Dentists and Hospital representatives who are elected annually. Furnishes educational and professional assistance to its members in safe credit and collection procedures. Provides pre-collection aids and offers where required, an ethical, dignified, and efficient collection service.

For further information please telephone RE 6-4511, Ext. 46, Medical Credits Division, Credit Bureau, Inc. of Greater Springfield.

